VDH Division of Disease Prevention
Public Hearing Minutes
Harrisonburg, VA
October 19, 2006

The public hearing began at 4:35pm and there were seven attendees and four representatives from the Virginia Department of Health (VDH).

Ben Alonso, Health Care Planner for VDH, opened the meeting with a brief overview of the public hearing process and explanation of ground rules for the meeting. Attendees were informed that questions and comments not asked during the meeting could be submitted afterwards for inclusion into the minutes.

Ami Gandhi, the HIV Prevention Community Planner for VDH, gave an update on HIV prevention activities and services. Participants were given an overview of the HIV Community Planning Committee (HCPC) and were encouraged to apply for membership. Information was also given, on behalf of Virginia Organizations Responding to AIDS (VORA), regarding a *Call to Action for Gay, Bisexual, and Other Men who have Sex with Men*. Attendees of the public hearing were encouraged to show their support of this Call to Action. Attendees were given a list of issues that VDH is concerned about and wanted to get public comment or suggestions, including the impact of prevention funding rescissions, how to increase testing rates, the impact of methamphetamines and other substances, and target populations.

A representative from Valley AIDS Network (VAN) expressed that there are no or limited prevention resources available in the Northwest health region. He was also interested in knowing which agencies in this region were receiving HIV prevention funds from VDH. Ryland Roane, a representative from VDH, responded by stating that funding rescissions resulted in the discontinuation of the AIDS Services Organization (ASO) grant, which has affected rural areas of Virginia and in reaching the incarcerated population. VDH had plans to put out Requests for Proposals (RFP) for both a rural and prison initiative. However, both are temporarily on hold until VDH knows what the rescissions will be in the upcoming year. Ms. Gandhi responded by saying that a rural workgroup of the HCPC created recommendations in addressing rural issues, some of which will be incorporated into other RFPs.

The representative from VAN also expressed that there are grants that they are interested in applying for, but do not have the capacity to do so because the requirements are lengthy and complicated. He suggested that VDH design RFPs that are more user friendly so that small agencies, that have mainly part-time employees, can be competitive. They also do not qualify for many grants because their population is small; however, their Hispanic clientele is high (about 25%). Ms. Gandhi encouraged collaboration between agencies in rural areas. An attendee of the public hearing responded by saying that collaboration should not be limited to other agencies providing HIV/AIDS services, but also with businesses, bars, etc.

In response to increasing HIV testing, a representative from James Madison University (JMU) suggested collaboration with other outreach workers such as community health workers or the Resource Mothers program. Community partners, especially those in child and maternal health, should be trained in rapid testing, because they have established relationships that can ease people into being tested. Pregnant mothers and OB/GYNs should be targeted. VDH representatives responded by telling attendees of the upcoming Perinatal HIV Prevention campaign.

An attendee said that more OraSure and OraQuick test kits need to be available. Another attendee said that it would be helpful if more health departments had rapid testing and that VOICES is a good intervention and could easily be done in a health department waiting room. Steve Bailey, Assistant Director of Health Care Services at VDH, stated that a pharmaceutical company is willing to provide up to 200 HIV test kits per agency. He is currently looking into the details of this program.

Mr. Roane explained the methods of social networking and asked the attendees if social networking would work in this area. One attendee said that many clients are secretive and that HIV is very taboo in that area. Another said that it depends on the population you are working with. The African American and Latino communities should be targeted through the faith communities.

One attendee said that many of her clients have a real or perceived fear of rejection. Many have a low education level and misinformation. Many of VAN's clients are Hispanic and some have documentation issues. About 25% of their clients are Hispanic, and also have some Kurds and Russians. Many have been positive for a long time and do not come into services until they are very sick. Also, there are no Spanish radio stations in the area.

Another attendee stated that new clients are from the indigent population, many of which are referred to the University of Virginia for care. Rockingham Memorial Hospital does not provide indigent care and Augusta Hospital provides limited charity care.

Mr. Alonso then gave an update of health care services, including an update on Ryan White CARE Act (RWCA) reauthorization, the revision of the case management standards, additions to the AIDS Drug Assistance Program (ADAP), the development of a State Pharmaceutical Assistance Program (SPAP) for ADAP and Medicare Part D clients, and the implementation of the non-ADAP formulary. Mr. Bailey added an update about the SPAP polycom training for case managers, ADAP coordinators, and other providers in December.

Mr. Bailey then gave an explanation of the factors that went into the decision to reduce the funding for the northwest region this year. Christopher Nye, program director for JMU, remarked that it is more difficult to absorb cuts in rural areas because no other services are available and local charities do not support the rural ASOs or Community Based Organizations (CBO). A provider from VAN stated that an evaluation of medical costs is not an accurate method of evaluation because it does not include arrangements

made with medical and dental providers to obtain free or reduced cost services for clients. Also, he noted that while their funding has decreased, their caseload has increased.

Mr. Bailey then asked the attendees about the impact of methamphetamine use in their region. One provider reported that there are a large number of methamphetamine laboratories in the Shenandoah Valley. Another noted that despite efforts to crack down on the laboratories, methamphetamine abuse continues to be a problem in the region, in part because of the large numbers of night shifts and 24-hour operations at the local factories. One provider stated that crack cocaine abuse is also a problem in the region. He has seen substance abuse issues with clients that do not stay in care.

Finally, Mr. Alonso asked the attendees how they could increase consumer feedback and participation in the system of care and at future public hearings and consortium meetings. A provider noted that transportation is a barrier for consumers to attend meetings. Another suggested that increased publicity and providing honoraria and food would help attract consumers. One provider recommended surveying the consumers one month prior to the public hearing. A suggestion was also made to notify the local Mennonite church that has an AIDS ministry.